



1615
Attorney Docket No. 60117.000004
Attorney Customer No. 21967

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)

Jens PETERSEN)

Application Number: 09/938,669)

Filed: August 27, 2001)

Title: POLYACRYLAMIDE HYDROGEL)
AS A SOFT TISSUE FILLER)
ENDOPROSTHESIS)

Group Art Unit: 1615

Examiner: C. Azpuru

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CERTIFICATE OF MAILING UNDER 37 C.F.R. 1.8

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**Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

on: November 6, 2003

Date

Gail W. O'Brien

Documents being submitted with this Certification of Mailing under 1.8 are:

- Transmittal Letter for Amendment/Response under 37 C.F.R. § 1.111
- Amendment/Response under 37 C.F.R. § 1.111
- Supplemental Information Disclosure Statement, PTO-1449 and applicable references
- Self-Addressed Stamped Return Postcard
- Three-Month Extension of Time under 37 C.F.R. 1.136(a)
- Check No. 366668 in the amount of \$1,148 (\$950.00 for the 3-month EOT, \$180.00 for the Information Disclosure Statement, and \$18.00 for the additional claim)

Hunton & Williams
Riverfront Plaza, East Tower
951 East Byrd Street
Richmond, VA 23219-4074
(804) 788-8200 (Telephone)
(804) 788-8218 (Facsimile)



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Application No.: 09/938,669

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RESPONSE TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

Enclosed is an Amendment/Response to the Official Action mailed May 6, 2003 in connection with the above-identified patent application.

- ☒ [X] A petition for a three-month Extension of Time in the amount of \$950.00; the amount being included in the check in the amount of \$1,148.00 are enclosed.
- ☒ [X] An Information Disclosure Statement and fee in the amount of \$180.00 are also enclosed in the check in the amount of \$1,148.00.
- ☐ [] A Notice of Appeal to the Board of Patent Appeals and Interferences and appropriate fee of \$ is included in the enclosed check of \$.
- ☐ [] No additional claim fee is required.
- ☒ [X] An additional claim fee is required, and is calculated as follows:

Application No.: 09/938,669
Attorney Docket No. 60771.000004

CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	FEE
Total Claims	42	Minus 41 =	1	x \$18.00 =	18.00
Independent Claims	9	Minus 9 =		x \$84.00 =	0
If Amendment adds multiple dependent claims, add \$260.00					0
Total Amendment Fee					0
If small entity status is claimed, subtract 50% of Total Amendment Fee					0
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					\$ 18.00

- ☐ Charge \$_____ Deposit Account No. 08-3436 for the fee due.
- ☒ A check in the amount of \$1,148.00 (\$950.00 for the 3-month EOT, \$180.00 for the IDS, and \$18.00 for the additional claim) is enclosed for the fee due.
- ☒ A Certificate of Mailing Under 37 C.F.R. §1.8.
- ☒ Self-addressed stamped postcard.
- ☒ The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §1.16, 1.17 and 1.21 that may be required by this paper to Deposit Account No. 50-0206.

Date: November 6, 2003

Respectfully submitted,

By: 

Shawn K. Leppo
Registration No. 50,311
(804) 788-8516

Please direct all correspondence to:

J. Michael Martinez de Andino
HUNTON & WILLIAMS, LLP
Riverfront Plaza, East Tower
915 East Byrd Street
Richmond, VA 23219
(804) 788-7216 telephone number
(804) 788-8218 facsimile number